

MIED (Rev. 03/11) Prisoner Civil Rights Complaint

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Official Use Only		
Case Number	Judge	Magistrate Judge

Case: 2:22-cv-13078
 Judge: Cox, Sean F.
 MJ: Grand, David R.
 Filed: 12-20-2022 At 02:19 PM
 PR ADAMS V. MACAULEY ET AL (NA)

PRISONER CIVIL RIGHTS COMPLAINT

This form is for use by state prisoners filing under 42 U.S.C. § 1983 and federal prisoners filing pursuant to Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971).

Plaintiff's Information			
Name	Russell W Adams		Prisoner No.
Place of Confinement		Bellamy Creek Corr. - Sac - (I.B.C.)	
1727 W. Blue Water Hwy			
Street	City	State	Zip Code
1727 W. Blue Water Hwy	Ionia	MI	48846
Are there additional plaintiffs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, any additional plaintiffs to this action should be listed on a separate 8 1/2" x 11" sheet of paper and securely attached to the back of this complaint. <u>You must provide names, prisoner numbers and addresses for all plaintiffs.</u>			

Defendant's Information			
Name	Mr. Macauley		Position
Street/P.O. Box		City	State
1727 W. Blue Water Hwy		Ionia	MI
		State	Zip Code
		MI	48846
Are you suing this defendant in his/her: <input type="checkbox"/> Personal Capacity <input type="checkbox"/> Official Capacity <input checked="" type="checkbox"/> Both Capacities			
Are you suing more than one defendant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, any additional defendants to this action should be listed on a separate 8 1/2" x 11" sheet of paper and securely attached to the back of this complaint. <u>You must provide their names, positions, current addresses and the capacity (personal, official or both) in which you are suing them.</u>			

Additional
Defendants

- # 2 Hedi Washington Director of Corrections
P.O. Box 30003 OFFICAL Capacity
Lansing, MI
48909
- # 3 MS. Normanton Unit Manager
1727 W. Blue Water Hwy. OFFICAL Capacity
Ionia, MI
48846
- # 4 Mr. Federeau A.R.U.S.
1727 W. Blue Water Hwy OFFICAL Capacity
Ionia, MI
48846
- # 5 Mr. Lambart H. U. M.
1727 W. Blue Water Hwy Health Unit Manager
Ionia, MI OFFICAL Capacity
48846

I. PREVIOUS LAWSUITS

Have you filed any other lawsuits in state or federal court relating to your imprisonment?

☐ Yes ☒ No

If "Yes," complete the following section. If "No," proceed to Part II.

Please list all prior civil actions or appeals that you have filed in federal court while you have been incarcerated.

Docket or Case Number:
Name of Court:
Parties (Caption or Name of Case):
Disposition:

Docket or Case Number:
Name of Court:
Parties (Caption or Name of Case):
Disposition:

Docket or Case Number:
Name of Court:
Parties (Caption or Name of Case):
Disposition:

Any additional civil actions should be listed on a separate sheet of 8½" x11" paper and securely attached to the back of this complaint.

II. STATEMENT OF FACTS

State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include the names of other people, dates and places involved in the incident. Do not give any legal arguments or cite any cases or statutes.

I suffer from "severe chronic disease". My toilet is on a flush timer. I can only flush once every 5 mins or it locks for 1 hour. I have a medical detail "continuous access to toilet". My toilet is constantly clogged. The C.O.s refuse to provide a plunger. My toilet is unusable due to the timer and the fact it is usually clogged. I have sat in my cell for 8-10 hrs. with the toilet full of waste and unable to use it. This causes me severe pain and cramps. I was at 'D.R.F.' and they took my timer off. I've exhausted all grievances and remedies--

III. STATEMENT OF CLAIMS

State what rights under the Constitution, laws, or treaties of the United States have been violated, and be specific. Set forth each claim in a separate paragraph. If you intend to allege several related claims, number and set forth each claim on a separate 8½" x 11" sheet of paper and securely attach the papers to the back of this complaint.

1) Violation against American with Disabilities Act: I've had my G.I. Dr. recommend the timer being removed.

2) Cruel and unusual punishment: I'm locked in a cell 22 hr a day without access to a plunger. I'm forced to breath human waste because the staff refuses to provide a plunger or snake. I've filed several grievances only to have them all denied. I'll ask the unit C.O.s for the snake only to be ignored.

IV. RELIEF

State briefly and exactly what you want the Court to do for you.

I want the timer removed or transfer me to a prison without a toilet timer. I want damages too!

Russell W. Adams # 953721

Bellamy Creek Cor. Fac.

I.B.C.

1727 W. Blue Water Hwy-

Ionia, MI

48846

New case

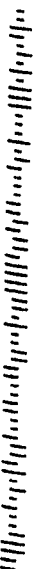
U.S.D.C. For East. Dist. of MI.

Theodore Martin U.S. Courthouse
231 Lafayette Blvd - 5th FL.

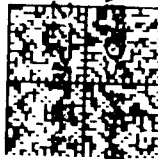
Detroit, MI.

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